

09-27-01

A

## UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

Jc971 U.S. PTO  
09/964059

09/26/01

Attorney Docket No.		0201-0001	
First Inventor or Application Identifier:		Frudakis	
Title:		Efficient Methods and Apparatus for High-Throughput Processing of Gene Sequence Data	
Express Mail Label No.:		ET760373865US	
<b>Application Elements</b> (See MPEP chapter 600 concerning utility patent application contents)		ADDRESS TO: Assistant Commissioner For Patents BOX PATENT APPLICATION Washington, D.C. 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)			
2. <input checked="" type="checkbox"/> Specification [Total Pages 73] (preferred arrangement set forth below)			
<ul style="list-style-type: none"> <li>• Descriptive title of the invention</li> <li>• Cross References to Related Applications</li> <li>• Statement Regarding Fed sponsored R&amp;D</li> <li>• Background of the invention</li> <li>• Brief Summary of the invention</li> <li>• Brief Description of the Drawings (if filed)</li> <li>• Detailed Description</li> <li>• Claim(s)</li> <li>• Abstract of the Disclosure</li> </ul>			
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets 4]			
4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 3]			
a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]			
i. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			
5. <input type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.			
6. <input type="checkbox"/> Microfiche Computer Program (Appendix)			
7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)			
a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement Verifying identity			
<b>ACCOMPANYING APPLICATION PARTS</b>			
8. <input type="checkbox"/> Assignment			
9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)			
10. <input type="checkbox"/> English Translation Document (if applicable)			
11. <input type="checkbox"/> Information Disclosure Statement (Form 1449) <input type="checkbox"/> Copies of IDS Citations			
12. <input type="checkbox"/> Preliminary Amendment			
13. <input checked="" type="checkbox"/> Return Receipt Postcard (CPEP 503) (Should be specifically itemized)			
14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement Status is still proper and desired			
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)			
16. <input checked="" type="checkbox"/> OTHER: Express Mail Certification <input checked="" type="checkbox"/> Check # <input type="checkbox"/> (\$ 1,320.00)			
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-In-Part of prior application no.: Prior application information: Examiner: <input type="checkbox"/> Group/Art Unit: <input type="checkbox"/>			
<b>18. CORRESPONDENCE ADDRESS</b>			
TM Customer Number ( <input type="checkbox"/> ) Or Bar Code Label		<div style="border: 1px solid black; width: 200px; height: 80px;"></div>	
OR			
TM Correspondence Address Below			
NAME		ATTN: John J. Oskorep	
ADDRESS		One Magnificent Mile Center 980 N. Michigan Avenue, Suite 1400 Chicago, Illinois 60611	
Telephone: 312-222-1860		Fax No.: 773-477-6144	
Name (print/type)		JOHN J. OSKOREP	
Signature		<div style="border: 1px solid black; width: 150px; height: 40px; display: flex; align-items: center; justify-content: center;"> </div>	
Registration No.: (Attorney/Agent)		41,234	
Date		26 Sept 2001	

Claims priority to  
 Prov. App. No. 60/274,686  
 (DNA 1200)

11042 U.S.  
09/26/01

09/26/01

**JOHN J. OSKOREP, ESQ.**  
**ONE MAGNIFICENT MILE CENTER**  
**980 N. MICHIGAN AVENUE, SUITE 1400**  
**CHICAGO, ILLINOIS 60611**

voice: 312-222-1860  
 fax: 773-477-6144  
 email: patents@ameritech.net

## FEE TRANSMITTAL

<b>Attorney Docket No.</b>	0201-0001
<b>First Named Inventor:</b>	Frudakis
<b>Application Number</b>	not yet assigned
<b>Filing Date:</b>	not yet assigned
<b>Examiner Name:</b>	not yet assigned
<b>Group/Art Unit:</b>	not yet assigned

<b>TOTAL AMOUNT OF PAYMENT:</b>	<b>\$ 1320.00</b>
<b>METHOD OF PAYMENT (check One)</b>	1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:  Deposit Account No.: Deposit Account Name:  <input type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17  2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other

### 2. UTILITY Basic Filing Fee & Claims

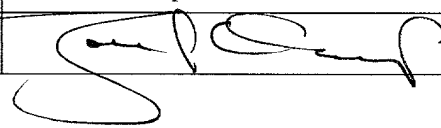
(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 710.00	\$355.00	\$ 710.00
Total Claims	# - 20 =	25	X \$ 18.00	X \$ 9.00	\$ 450.00
Independent Claims	# - 3 =	2	X \$ 80.00	X \$ 40.00	\$ 160.00
Multiple Dependent Claim(s) (if applicable)		0	\$ 270.00	\$135.00	\$ 000.00
<b>Total of above Calculations =</b>					<b>\$ 1320.00</b>

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 320.00	\$ 160.00	\$ 000.00
Reissue filing fee	\$ 710.00	\$ 355.00	\$ 0.00
Provisional filing fee	\$ 150.00	\$ 75.00	\$ 0.00
<b>Total of above Calculations =</b>			<b>\$</b>

### 3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>TOTAL:</b>			<b>\$</b>

Name (print/type)	John J. Oskorep	Registration No.: (Attorney/Agent)	41,234
Signature		Date	26 Sept 2001

"EXPRESS MAIL" MAILING LABEL NO. ET760373865US

DATE OF DEPOSIT: 26 Sept 2001

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING  
DEPOSITED WITH THE UNITED STATES POSTAL SERVICE  
"EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER  
37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED  
TO THE ASSISTANT COMMISSIONER FOR PATENTS,  
WASHINGTON, D.C. 20231.

John J. Oskorep

NAME

John J. Oskorep

SIGNATURE